ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BHD		10-15-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	Cru	1172	10-30-01
RESPONSE FORMALITY REVIEW	7		

INDEX OF CLAIMS

✓ Rejected	N Non-elected
= Allowed	IInterference
 (Through numeral) Canceled 	A Appeal
÷ Restricted	O Objected

÷ Restricted U Objected				
Claim N Date	Claim Date	Claim Date		
Final	Original Original	Original Original		
	51	101		
	52	102		
8	53	103		
	54	104		
	55	105		
	56 57	106		
	58	108		
	59	109		
1 1b	60	110		
	61	111		
12	62	112		
13	63	113		
14	64	114		
15	65	115		
16	66	116		
17 🕠	67 68	117		
19 \	69	119		
20 -	70	120		
21 3	71	121		
	72	122		
23	73	123		
24	74	124		
25	75	125		
86 3	76	126		
27	77	127		
28	78	128		
29	79	129		
30	80	130		
31 32	81 82	131		
33	83	133		
34	84	134		
35	85	135		
36	86	136		
/37	87	137		
38	88	138		
39	89	139		
40	90	140		
41	91	141		
42	92	142		
43	93	143		
44	94	144		
45 46	95 96	146		
46 47	97	147		
48	98	148		
49	99	149		
50	100	150		

If more than 150 claims or 10 actions staple additional sheet here